

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Washington

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Washington County. The report is a PDF (Adobe Acrobat) document and includes a total of 61.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HORIZON MANOR INC (0017845)

Address: N112 W12850 MEQUON RD, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 11/13/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN II GERMANTOWN (0008965)

Address: N116 W16105 MAIN ST, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 6/7/2000 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141784 **End Date:** 11/5/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y1EH11 Served 1/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/23/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	2/23/23	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/23/23	

Complaint History (REM WISCONSIN II GERMANTOWN--0008965)

Date Complaint Received: 3/7/2022

Date Investigation Completed: 11/5/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HOME CARE SOLUTIONS AT HOME (0016550)

Address: 341 E SUMNER STREET, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 5/17/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141936 **End Date:** 1/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135260 **End Date:** 12/4/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HOME CARE SOLUTIONS AT HOME--0016550)

Date Complaint Received: 1/13/2023

Date Investigation Completed: 1/19/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2022

Date Investigation Completed: 1/19/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: JAMES COURT (0017106)

Address: 908 JAMES CT, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 4/11/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140044 **End Date:** 7/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (JAMES COURT--0017106)

Date Complaint Received: 6/10/2022

Date Investigation Completed: 7/6/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Adult Family Home

Facility Information

Facility Name: SOUTH HARTFORD AFH (0014967)
Address: 3088 STATE HIGHWAY 83, HARTFORD, WI 53027
License Status: REGULAR
Licensed/Certified/Registered 3/1/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143104 **End Date:** 3/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCVL12 Served 5/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0141549 **End Date:** 10/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCVL11 Served 12/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/6/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/6/23	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (SOUTH HARTFORD AFH--0014967)

Date: 12/9/2022 **SOD #** QCVL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SOUTH HARTFORD AFH--0014967)

Date Complaint Received: 8/18/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: WINK HOME LLC (0013821)

Address: 1354 - 1356 PATTON DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 8/10/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139416 **End Date:** 4/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #60R511 Served 5/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/15/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETTES FLATS (0018917)

Address: 1515 C Highway 175, Hubertus, WI 53033

License Status: REGULAR

Licensed/Certified/Registered 4/12/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139271 **End Date:** 4/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: JACKSON MANOR LLC (0014847)

Address: N168W21041 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 10/30/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141556 **End Date:** 10/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FH0711 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/26/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	1/26/23	
88.10(3)(b)	PRIVACY	1/26/23	

Complaint History (JACKSON MANOR LLC--0014847)

Date Complaint Received: 10/29/2021

Date Investigation Completed: 10/11/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: B W STALWART HOME LLC (0018617)

Address: 530 WASHINGTON AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 8/31/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141594 **End Date:** 12/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137264 **End Date:** 8/31/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (B W STALWART HOME LLC--0018617)

Date Complaint Received: 12/6/2022

Date Investigation Completed: 12/12/2022

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 12/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: B W STALWART HOME LLC (0018943)

Address: 409 KNIGHTS AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 6/27/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140033 **End Date:** 6/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: GATEWAY (0018178)

Address: 375 NORTH AVENUE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 12/17/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142167 **End Date:** 2/14/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135441 **End Date:** 12/17/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: KEY HOUSE (0016204)

Address: 1146 FOND DU LAC AVENUE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 8/16/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141381 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136507 **End Date:** 6/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134990 **End Date:** 10/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (KEY HOUSE--0016204)

Date Complaint Received: 8/1/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/19/2021

Date Investigation Completed: 6/16/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/4/2021

Date Investigation Completed: 6/16/2021

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/3/2020

Date Investigation Completed: 6/16/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/6/2020

Date Investigation Completed: 6/16/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/1/2020

Date Investigation Completed: 10/20/2020

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: PORT PLACE (0018312)

Address: 703 N WISCONSIN ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 2/9/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0135610 **End Date:** 2/1/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (PORT PLACE--0018312)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 6/1/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/6/2022

Date Investigation Completed: 6/1/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETTES PLACE 2 (0018172)

Address: 1515 B HIGHWAY 175, RICHFIELD, WI 53076

License Status: REGULAR

Licensed/Certified/Registered 8/27/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0134782 **End Date:** 8/27/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETTES PLACE I (0018014)

Address: 1515 A HIGHWAY 175, RICHFIELD, WI 53076

License Status: REGULAR

Licensed/Certified/Registered 5/12/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140918 **End Date:** 9/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139181 **End Date:** 4/4/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135533 **End Date:** 2/4/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134978 **End Date:** 10/12/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IZPX11 Served 10/15/2020

Deficiencies Cited
88.10(3)(c)

Subject Area
CONFIDENTIALITY

Compliance
Verified
2/4/21

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (BETTES PLACE I--0018014)

Date: 10/15/2020 **SOD #** IZPX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BETTES PLACE I--0018014)

Date Complaint Received: 9/16/2022

Date Investigation Completed: 9/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/15/2021

Date Investigation Completed: 4/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/24/2020

Date Investigation Completed: 10/12/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IZPX11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: RICHFIELD AFH (0012333)

Address: 2425 STATE ROAD 175, RICHFIELD, WI 530769718

License Status: REGULAR

Licensed/Certified/Registered 5/27/2008 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: WAYNE MANOR AFH (0016961)

Address: 5743 COUNTY RD D, WAYNE, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 6/13/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141677 **End Date:** 12/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: 17TH AVENUE ADULT FAMILY HOME (390116)

Address: 233 S 17TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 2/1/1996 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0135707 **End Date:** 3/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (17TH AVENUE ADULT FAMILY HOME--390116)

Date Complaint Received: 7/14/2020

Date Investigation Completed: 3/2/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: A Different Living AFH LLC (0019012)

Address: 617 James Court, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/21/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141576 **End Date:** 11/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: A HEART OF GOLD ADULT FAMILY HOME LLC (0019302)

Address: 620 WELLINGTON DR, WEST BEND, WI 530902875

License Status: REGULAR

Licensed/Certified/Registered 11/10/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141343 **End Date:** 11/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: A HOME WITH TOUCH LLC (0018669)

Address: 1007 HIGH STREET, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143222 **End Date:** 3/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z11S11 Served 5/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (A HOME WITH TOUCH LLC--0018669)

Date Complaint Received: 12/13/2022

Date Investigation Completed: 3/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Allen Cares (0019351)

Address: 1804 Green Tree Rd, West Bend, WI 530901412

License Status: REGULAR

Licensed/Certified/Registered 1/27/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141969 **End Date:** 1/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Aniyahs House (0019051)

Address: 1063 Summer St, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/11/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142308 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141053 **End Date:** 10/6/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BENSON AND WALTON LOVING HANDS LLC (0018878)

Address: 1664 TERRY DALE DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 6/16/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139895 **End Date:** 6/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BEULAHGENE ASSISTANT LIVING INC (0018815)

Address: 6881 BECK LANE, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 2/16/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142219 **End Date:** 1/9/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ICR311 Served 2/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.09(1)(d)11	RESIDENT FUNDS		
88.10(2)	EXPLANATION OF RESIDENT RIGHTS		

Survey ID: 0138738 **End Date:** 2/16/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BEULAHGENE ASSISTANT LIVING INC--0018815)

Date: 2/17/2023 **SOD #ICR311** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (BEULAHGENE ASSISTANT LIVING INC--0018815)

Date Complaint Received: 12/14/2022

Date Investigation Completed: 1/9/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Blessings Home Care (0018976)

Address: 6851 Linda Drive, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 6/22/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140114 **End Date:** 6/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BOBOLINK HOME (0013151)

Address: 834 BOBOLINK LN, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 2/3/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139044 **End Date:** 3/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BRIGHTER VISION ADULT FAMILY HOME (0018467)

Address: 1100A W WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 6/15/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136484 **End Date:** 6/15/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BRYWEN LLC (0016295)

Address: 6799 DIANE DRIVE, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 1/4/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136291 **End Date:** 5/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6G9M11 Served 5/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/5/21	
88.04(2)(g)2	COMMUNICABLE DISEASE	7/5/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Compassionate Adult Family Home LLC (0018980)

Address: 1670 Terry Dale Drive, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 6/29/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140023 **End Date:** 6/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: DENNIS PATH ADULT FAMILY HOME (0009141)

Address: 1545 PAMME CT, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 11/11/2000 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139797 **End Date:** 6/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ELLENBECKER ADULT FAMILY HOME (0011481)

Address: 7463 BROOKHAVEN DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 5/16/2006 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140097 **End Date:** 7/8/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HIL CARRIE LANE (0009693)

Address: 1628 CARRIE LN, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 1/1/2002 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140812 **End Date:** 9/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HIL MAGELLAN HOUSE (0009776)

Address: 212 S 16TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 1/1/2002 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140978 **End Date:** 10/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Hope After Hardship Adult Family Home (0019238)

Address: 6849 Linda Dr., West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/25/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141165 **End Date:** 10/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HUMBLE LIVING HOME ONE (0018889)

Address: 1124 WEST WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 3/23/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139059 **End Date:** 3/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Humble Living Home Three (0019264)

Address: 925 Tower Lane, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/18/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141072 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Humble Living Home Two (0019263)

Address: 923 Tower Lane, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/18/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141071 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MEADOWBROOK HOME (0014003)

Address: 818 MEADOWBROOK DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 12/20/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138753 **End Date:** 2/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Miracles House (0019517)

Address: 443 S 5th Ave, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 5/30/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SER 7TH AVE HOUSE (0013689)

Address: 659 S 7TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 5/3/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136228 **End Date:** 5/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SER SHERMAN WAY (0013883)

Address: 733 SHERMAN WAY, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/29/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139783 **End Date:** 6/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: NTABA FAMILY HOME LLC (0017108)

Address: 813 FAIRVIEW DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 5/22/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139396 **End Date:** 3/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JOYS11 Served 4/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/12/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	6/12/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: PEOPLESERVE LLC JEFFERSON (0015810)

Address: 1412 JEFFERSON ST, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 9/9/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137523 **End Date:** 10/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: POWER 2 GROUP HOME LLC (0018830)

Address: 1806 CREEK RD, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 1/7/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138653 **End Date:** 1/7/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: POWER GROUP HOME LLC (0018683)

Address: 1808 CREEK DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/21/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137596 **End Date:** 10/21/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Promise SIL LLC (0019184)

Address: 1808 Creek Rd, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/18/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141228 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: PS LLC - HILLCREST (0011184)

Address: 1017 HILLCREST ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 12/15/2005 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140088 **End Date:** 7/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Adult Family Home

Facility Information

Facility Name: REGNER HOME NORTH (0015569)
Address: 529 N 10TH, WEST BEND, WI 53090
License Status: REGULAR
Licensed/Certified/Registered 4/6/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136508 **End Date:** 6/14/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #052F11 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/17/21	

Enforcement History (REGNER HOME NORTH--0015569)

Date: 6/17/2021 **SOD #052F11** **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REGNER HOME (0014710)

Address: 523 NORTH 10TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 8/8/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138737 **End Date:** 2/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM POLARIS (0014083)

Address: 618 POLARIS, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 3/22/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139681 **End Date:** 5/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN II JUDITH COURT (0009473)

Address: 706 JUDITH CT, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 12/3/2001 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143094 **End Date:** 3/1/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139401 **End Date:** 3/23/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZW112 Served 4/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(a)	RESIDENT RECORDS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0137515 **End Date: 8/5/2021** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZW111 Served 10/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	3/22/22	Yes

Survey ID: 0134743 **End Date: 8/28/2020** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM WISCONSIN II JUDITH COURT--0009473)

Date: 4/29/2022 **SOD #4ZW112** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 10/18/2021 **SOD #4ZW111** **Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM WISCONSIN II JUDITH COURT--0009473)

Date Complaint Received: 9/21/2020 **Date Investigation Completed: 8/5/2021**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	4ZW111

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Valley View AFH (0018916)

Address: 246 Green Valley Place, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 4/18/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: WASHINGTON HOME (0012010)

Address: 2030 E WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 6/28/2007 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136970 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WASHINGTON HOME--0012010)

Date Complaint Received: 2/24/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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